



CHECK REQUEST FORM

Date: _____			From: _____ Employment Services Specialist		
To: Regional Accounting	# _____	Service Month/Year: _____			
Amount: \$ _____					
Participant Information					
SSN: _____			Mailing Address _____		
Mail to:					
Select One	Customer <input type="checkbox"/>	Vendor <input type="checkbox"/>	DFCS Office <input type="checkbox"/>	County Name: _____	

Vendor Payments:

If the "Mail to" section indicates Vendor, please print the invoice number on the check payment so that the vendor can determine Education/Training for which customer the payment is. Print Invoice #: on the check.

549 SNAP Works Participant Transportation Services

- 16 Recipient Transportation - \$7/day up to a maximum of \$175 per participant/month
- 23 Arranged/Provider Transportation - \$700 maximum per month
- 25 E&T Transportation - \$50 per month per participant
- 34 PRP Transportation - \$50 Up-Front payment to participate
- 59 EIS Transportation Payment - \$50 per month maximum, up to 3 months

559 SNAP Works Incidentals for participants in Work Activities

- 26 Recipient Incidentals

569 SNAP Works Incidentals for participants in Education and Training

- 21 Adult Education/GED
- 22 Other Tuition
- 26 Recipient Incidentals
- 37 Books, Registration, & Testing Fees

589 SNAP Works Incidentals For Other Activities

- 37 Books, Registration, & Testing Fees
- 38 Required Wearing Apparel
- 39 Tools and Supplies
- 40 Occupational Licensing Fees
- 98 Work Support Payment (\$75 per participant maximum)

**Employment Services Specialist
Printed Name**

**Employment Services Supervisor
Printed Name**

**Employment Services Specialist
Signature/Date**

**Employment Services Supervisor
Signature/Date**